

ANNUAL PROGRAMME REPORT

FM14-21

Poland

PL-HEALTH Health

2021

A. EXECUTIVE SUMMARY

The Programme Operator (PO) respected the requirements and milestones established for the Programme for 2021. It should be noted that the pandemic situation has influenced Programme implementation process and pre-defined projects. However, despite the pandemic the PO evaluates significant progress in the implementation of the Programme, in pre-defined projects and bilateral cooperation as well. Nevertheless, the risks connected to COVID-19 resulted in delays in announcing the open call for proposals to test pilot models solutions. The activities of the PO described in the report are aimed at mitigating any occurring risks.

The implementation of the Programme was proceeding as planned in close cooperation with the Donor Program Partner and under supervision of the National Focal Point. The PO evaluates very well the cooperation with DPP and NFP, also with beneficiaries and partners of the pre-defined projects which is crucial for a proper monitoring of the Programme.

The main actions carried out by the Programme Operator under the Programme were related to the works on open call documentation, assessment of pre-defined bilateral initiatives under Fund for Bilateral Relations at the Programme level, signing project contract for pre-defined initiative as well as preparation of opening conference.

In the reporting period the PO was assessing of products presented by both PDPs and monitoring of implemented projects. The PO paid permanent care to milestones and monitored any risk which could influence the implementation of the Programme. In the reporting period the PO was still working remotely. The PO had also continued to work with alternative solutions such as various web-based communication channels, on-line meetings, telephone conferences, e-mails.

According to milestones it has to be noted that in I and II quarter of 2021 the PO supposed to announce the open call and assess the applications. However, the PO would like to stress that this period slightly change due to the pandemic. The open call was strictly related to telemedicine models which were developed under PDP1. The models in five fields: cardiology, geriatrics, psychiatry, diabetology and chronic diseases were developed by 30 June 2021. The last model in the field of obstetrics was developed by 30 November 2021.

In the reporting period, the PO prepared the announcement of open call, the formal and content related assessment criteria, application form and regulations for open call. The documents were consulted with PDP1, DPP and NFP and on November 18th, 2021 the Cooperation Committee approved the documentation for call for proposals. The Programme Operator announced the open call for pilot projects for supra-national hospitals and institutes on 29 November 2021. Selected entities will implement projects based on the models. The PO created contact point dedicated to questions from potential applicants, e.g. e-mail address: nmf@mz.gov.pl and phone helpline. In December the PO developed training materials for applicants. It has to be noted, that on daily basis the PO promotes among the applicants the implementation of telemedicine models in partnership with Norwegian institutions. Norwegian Partnership Projects will receive additional extra points during assessment.

Due to COVID-19 restrictions it was also impossible to organize the opening conference in Spring 2021. The event took place on 20 October 2021. The conference had a hybrid form which means only panellists were in the studio and the guests took part in the event using the remote tools. The purpose of the conference was to raise the awareness of the activities carried out within the “Health” Programme, including two predefined projects. The conference was also an opportunity to exchange experiences within Polish-Norwegian partnerships and discuss the solutions contributing to a decrease of the number of problems in public health and the social inequalities in health in Poland and in Norway. Furthermore, throughout the whole reporting period the Programme Operator conducted informational and promotional activities (e.g. the information service point, the website, social media) and actions for strengthening bilateral relations (e.g. intensification of online meetings).

In 2021 one on-line meeting of the Cooperation Committee was held to discuss and advise on documentation for call for proposals (on 30th of September 2021). The CC meeting was dedicated to the open call documentation which was developed by the PO. During the meeting one more topic was introduced – the scope and organization of opening conference for Programme.

In addition, in 2021 the Cooperation Committee Members according to point 4 h of Rules of procedure of the functioning of the Cooperation Committee for the Programme approved by circulation using means of electronic communication documentation for call for proposals on November 18th, 2021.

Due to the limitations and restrictions resulting from the Covid-19 pandemic, cooperation with the DPP, NFP, Project Promoters was conducted through remote forms of communication.

In 2021 the PO deliver to the NFP proposition of amendments of Health Programme Agreement (PA) (Annex II). The proposal of modification was approved by the FMO and the PA actualization was signed by Poland and Norway in November 2021.

B. PERFORMANCE

1. Programme context

In 2021 – apart from Covid-19 pandemic - there were no significant changes in political, legal and economical area, which could negatively influence the implementation of the Programme.

In the reporting period the PO focused on strengthening bilateral cooperation with Donor Programme Partner – Norwegian Directorate for Health , PDPs Norwegian Partners and other Norwegian entities which could take part in the open call as partners.

2. Programme results

Outcome 1: Reduced social inequalities in health

Description and analysis of results

In the reporting period there were following results achieved:

- PL-HEALTH-0001: development of 6 telemedicine models by PDP1 (cardiology, geriatrics, psychiatry, diabetology, chronic diseases, obstetrics).
- PL-HEALTH-0002: 3 reports prepared by Norwegian Partners of PDP2 (one report for each module).
- Programme Operator and PDPs: organization of the opening conference for Health Programme.
- Programme Operator: announcement of the open call for proposal dedicated for supra-regional hospitals and institutes to test pilot models solutions.

Pre-defined project(s)

1. Pre-defined project titled “Tackling social inequalities in health with the use of e-health and telemedicine solutions”.

Project promoter organization: Ministry of Health, Department of Innovation, Ministry of Health – Poland (GrACE number: PL-HEALTH-0001)

Norwegian Project Partner: Norwegian Centre for E-health Research

The decision to co-finance a pre-defined project was issued by the Minister of Health on May 22nd, 2020, while the eligibility of expenditure is valid from January 20th, 2020, i.e. from the date of submitting information to the FMO on the acceptance of the project for funding.

Progress of implementation:

The project grant decision was awarded on 22nd May 2020. The implementation of activities in the pre-defined project “Tackling social inequalities in health with the use of e-health and telemedicine solutions” started in 2020.

In the reporting period, the main task of PDP1 was the development of models to be further tested under the open call announced by the Programme Operator. In 2021 three tender procedures for selecting the experts for models’ development were conducted, resulting in selecting experts in 6 fields. In all three tenders there were no offers for palliative care area submitted, therefore no contracts were awarded in this field.

The models in five fields: cardiology, geriatrics, psychiatry, diabetology and chronic diseases were developed by 30 June 2021. The last model in the field of obstetrics was developed by 30 November 2021. The models were developed by Polish and Norwegian experts from: Norwegian Centre for e-Health Research, Norwegian research institute SINTEF, University Hospital in Kraków, Institute of Psychiatry and Neurology, Medical University in Lublin, MP MED Sp. z o.o. They cover the following telemedicine solutions: telemonitoring of patients with heart failure, care of patients with geriatric diseases (sarcopenia, malnutrition, frailty syndrome), videoconsultation in diagnosis and treatment of depression, tediabetology with the use of teleophthalmology for diagnosis and treatment of diabetes, telemonitoring in chronic obstructive pulmonary disease and complex telemonitoring in perinatal care.

The development of models enabled the Programme Operator to announce the open call for pilot projects for supra-national hospitals and institutes on 29 November 2021. Selected entities will implement projects based on the models. The selection of the abovementioned projects and the commencement of their implementation is planned for the second half of 2022.

With regard to the model in palliative care area, which due to lack of response from potential contractors in three conducted public procurements was not developed by 30 November, the project promoter together with Programme Operator is seeking for alternative solutions. At the moment consultations with National Palliative Care Expert are carried out in order to assess possible activities in the area of palliative care with the use of telemedicine solutions. Once the proposal for alternative solutions is ready, it will be presented to the Programme Operator. The purpose of the findings is to use savings for the palliative care model and to propose measures in a related area. Also, in connection with remote implementation of the project there are significant savings in other activities. The decision on the scope of changes will be consulted with the NFP and DPP.

In the reporting period the project promoter of PDP1 prepared also education and raising awareness activities which will be implemented in the next reporting period. The outline of webinars for general public and doctors was prepared in collaboration with the Norwegian Partner and experts from the Department of Public Health at the Ministry of Health and submitted to the Programme Operator by 30 September 2021. Preparation work for raising awareness campaign and trainings for doctors was also conducted. The implementation of the above-mentioned activities will start in 2022.

The project promoter of PDP1 is regularly reporting to the Programme Operator and informs about current progress of activities (weekly and monthly updates, as well as payment claims twice a year).

The COVID-19 pandemic has affected the way of implementation of certain project activities, e.g. made impossible international travel and organisation of on-site meetings, however, the project promoter and the Partner made every effort to ensure proper communication and implementation of project activities in line with the scope presented in the application. The project promoter makes every effort to ensure that external factors (COVID-19) do not negatively translate into the implementation of project activities.

Since March 2020 the Project Promoter and the Partner employed remote tools to organize meetings and conduct efficient communication within the Project team. Meetings with the Partner are held regularly, on a weekly or bi-weekly basis. The pandemic affected also the organization of the opening conference which was planned to take place in March 2020. Due to the national and international restrictions and in order to ensure the safety of participants, the date of the conference was postponed to 2021. The conference took place on 20 October 2021. Participants and international guests, including representatives of the Norwegian Partner, could take part in the event online.

To fulfil the communication requirements, the information on project implementation is published on the website: http://zdrowie.gov.pl/strona-1003-predefined_project_e_health_telemedicine.html

2. Pre-defined project titled “Healthy lifestyle of children and youth”

Project promoter organization: Ministry of Health, Department of Investment Evaluation, Ministry of Health – Poland (GrACE number: PL-HEALTH-0002)

Norwegian Project Partners: Norwegian Directorate of Health and Trondelag Region Cancer Society

The decision to co-finance a pre-defined project was issued by the Minister of Health on July 23rd, 2020, while the eligibility of expenditure is valid from February 4th, 2020, i.e. from the date of submitting information to the FMO on the acceptance of the project for funding.

In the reporting period the following progress of implementation was conducted in the PDP2:

Module 1 - Nutrition and physical activity

The main aim of the module is to promote a healthy lifestyle among children from an early age, especially in the context of fighting obesity. Activities in this module are related to the development and implementation of a training program in the field of shaping pro-health and nutritional habits in kindergartens and nurseries.

On July 12, 2021, an agreement was concluded with INSTYTUT ADN Sp. z o.o. for the development of an analysis as well as promotional and educational materials on the mechanisms of shaping the correct eating habits of children in nurseries and kindergartens and the development of a training program on the selection of healthy options in kindergartens and nurseries, along with the preparation of its evaluation criteria and basic requirements for its implementer. The contractor's products were collected on October 26, 2021.

Module partner's product:

1. Report prepared by the Health Center in the municipality of Verdal entitled "Actions to improve the diet and increase the level of physical activity of preschool children 1-6 years" - submitted to the Project Promoter in March 2021. The report is available at: https://zdrowie.gov.pl/fn/aktualnosc-3870-raport_ws_diety_i_aktywnosci_fizycznej.html

Project Promoter's products developed under public procurement:

1. Analysis of the mechanisms of shaping correct eating habits, including the choice of healthy options in kindergartens and nurseries.
2. Educational and promotional materials in the selection of healthy options in nurseries and kindergartens for children and parents, guardians, nursery and kindergarten employees:
 - "The Olympics of Tastes - a brochure for teachers"
 - "The Olympics of Tastes - brochure for parents"

- "The Olympics of the Senses - brochure for parents"
- "The Olympics of the Senses - a brochure for teachers of nursery children"

The products are available here: https://zdrowie.gov.pl/fn/aktualnosc-3923-kolejne_opracowania_i_materialy.html

Conference on the Norwegian project and funds in Poland, October 20, 2021.
https://zdrowie.gov.pl/fn/aktualnosc-3917-konferencja_program_zdrowie_w_ramach.html

In 2021, 4 meetings of broad project stakeholders were held, including the Program Operator, the National Focal Point and representatives of the Donor State.

Module 2 - Reducing the use of tobacco products

The aim of the module is to promote a healthy lifestyle among children and adolescents covered by the project. Conducting an analysis of tools reducing the use of tobacco products among adolescents. Conducting a report on the identification of factors influencing the start of using nicotine-containing products. Preparation of educational materials for young people on the harmful effects of tobacco use. Anti-smoking campaign and creation of an anti-smoking portal with a survey on the use of tobacco products to reduce the use of tobacco products by young people. Training in the prevention of tobacco use. On May 25, 2021, an agreement was concluded for the development of an analysis as well as promotional and educational materials for young people on the prevention of the use of tobacco substances, determination of effective channels to reach the group and development of information (along with their updating) on shaping the anti-tobacco policy in Poland in within the project. The contractor's products were collected on August 23, 2021.

Module partner's product:

1. Report prepared by the Norwegian Cancer Society "Tools to reduce smoking among young people in Poland: in the context of affordability and accessibility of tobacco products through taxes and other measures." - handed over to the Project Promoter in March 2021. The report is available at: https://zdrowie.gov.pl/fn/aktualnosc-3871-raport_ws_narzedzi_zmniejszajacych.html

Project Promoter's products developed under public procurement:

1. Report entitled "Identification of factors influencing the start of using nicotine-containing products by young people in Poland. Analysis of the report on Tools to reduce tobacco use among young people in Poland: addressing affordability and accessibility of tobacco products through taxation and other measures and other available scientific evidence".
2. "Educational materials for young people and health policy recommendations regarding nicotine-containing products"
3. „Recommended communication channels for a campaign targeted at young people on nicotine products"

Products are available here: <https://zdrowie.gov.pl/fn/aktualnosc-3911-nowe-raporty-i-rekomendacje-dotyczace.html>

Module 3 – Mental health

The aim of the module is the prevention of mental health problems and the improvement of the mental well-being of the society. Action covering the social needs in the field of mental health and meeting the existing problems. The module will include information materials on the methods of seeking help for children and adolescents with mental disorders. There will be training and preparation for parents, teachers and guardians on mental health issues in adolescents.

On September 27, 2021, the agreement was concluded with the Polskiedzieci.org Foundation for the development of an analysis as well as promotional and educational materials regarding the mental health of children and adolescents, along with the definition of the assumptions for the internet portal and the requirements for training services under the project. The contractor's products were collected on January 13, 2022.

Module partner's product:

1. Report prepared by the Health Center in the municipality of Verdal entitled "Mental health of children and adolescents (6-20 years). Preventive and promotional measures" - handed over to the Project Promoter in March 2021. The report is available at: <https://zdrowie.gov.pl/fn/aktualnosc-3869-raport-o-zdrowiu-psychicznym-dzieci-i.html>

Project Promoter's products developed under public procurement:

1. Analysis of the ways of reaching recipients and distribution of content and materials promoting mental health protection of children and adolescents among teachers, parents and guardians;
2. The content of educational and promotional and informational materials regarding the occurrence of mental disorders in children and adolescents, supporting parents, guardians and teachers in the proper approach and providing help to children with mental health problems
3. Educational materials addressed to teachers, parents and guardians of children and adolescents (with the option of face-to-face meetings and the option of remote support).

It has to be underlined that the COVID-19 pandemic has still impacted the way of the project collaboration in 2021. All meetings were held in an online form. The meetings with Partners were being held every two weeks and the internal meetings of Norwegian Partners were held once a week. In the opinion of the PO the project's PDP2 implementation is going well. There are no major changes and the PO is monitoring any possible risks. For now, the PO does not see any difficulties or risks in not completing the task. The Project Promoter reports on an

ongoing basis the steps of the actions and the progress. In 2021 the Project Promoter delivered to the PO on time two payment applications (financial reports according to the reporting periods).

Bilateral Outcome: Enhanced collaboration between beneficiary and donor state entities involved in the programme

Analysis of bilateral relations and achievements

In 2021 the collaboration between PDP1 and Project Partner (Norwegian Centre for E-health Research) was going very well. It has to be underlined that the Covid-19 affected the cooperation. However they worked out remote tools to organize meetings and conduct efficient communication within the Project team.

The implementation of activities in the pre-defined project “Tackling social inequalities in health with the use of e-health and telemedicine solutions” was continued in 2021 in an on-line form. The meetings were held regularly on a weekly basis, which made it possible to ensure proper flow of information and work on development of models. In 2021 in collaboration with the Norwegian Partner and experts from the Department of Public Health at the Ministry of Health PDP1 prepared the outline of webinars for general public and doctors. Thanks to bilateral cooperation development of raising awareness campaign and trainings for doctors was also conducted.

The same situation applies to pre-defined project PDP2. The Project Promoter, also continued meetings in an on-line form with partners: Verdal Kommune and Norwegian Cancer Society every two weeks. In 2021 the PO and National Focal Point took part in four meetings as observers. In the opinion of PO those meetings are example of good practices in implementation process and knowledge exchange.

It has to be noted that in PDP2 the cooperation consists not only in cooperation between the Project Promoter and the Partner, the cooperation takes places also between Polish and Norwegian universities. Both countries are sharing their good practices and trying to implement their experiences into the project. In 2021 thanks to bilateral cooperation 3 reports were developed in each module: nutrition and physical activity, reducing the use of tobacco products and mental health. Those reports form the basis to the next steps for the implementation of the project e.g. training for kids, parents, care takers and kindergartens staff. More results will be visible in next Annual Report.

In conclusion it has to be stressed that collaboration between both Project Promoters and Donors entities is very good, smooth and problem-free.

In the reporting period one Cooperation Committee meetings took place - on 30th of September 2021 - dedicated to the open call documentation which was developed by the PO and organization of opening conference for Programme. The Cooperation Committee

Members approved by circulation using means of electronic communication documentation for call for proposals on November 18th, 2021.

Apart from the above mentioned events, issues concerning the Programme implementation were discussed on day-to-day basis between the PO and the DPP.

3. Implementation

Cooperation with International Partner Organisations (IPOs)

not applicable

C. LEARNING

1. Monitorings carried out

In accordance with the requirements of the Agreement No. 3/2019/Zdrowie signed between National Focal Point and Ministry of Health on the implementation of the Programme Health under Norwegian Financial Mechanism for 2014-2021 (paragraph 7 point 10), the Programme Operator (PO) is obliged to conduct annual monitoring of a sample of projects selected on the basis of a risk analysis and including a random sample selection. Verifications are carried out on the basis of the Control Plan containing a list of projects to be inspected at the project site. Every year, a sample of not less than 10% of the number of projects is checked, selected on the basis of a risk analysis (projects previously inspected by the PO, the results of which do not indicate irregularities and / or significant shortcomings will not be taken into account when conducting the next risk analysis), while pre-defined projects are inspected at least once a year..

In regard to the monitoring plan for 2021 presented in the first APR, both pre-defined projects were inspected. The projects were inspected in the case of approval of payment applications in which expenses related to the project implementation were to be settled. Both pre-defined projects were audited in the fourth quarter of 2021. Below are the details connected to those audits.

The audit of Pre-defined Project PDP 2 (PL-HEALTH-0002) **entitled** Healthy lifestyle of children and youth took place on November 24-25, 2021, and its scope included:

- Verification of the compliance of the project implementation
- Financial settlements;
- Personnel costs,
- Fulfillment of the partnership obligations;
- Information and promotion;

- Project's documents storage.

There are no shortcomings in the course of the audit. The project is implemented correctly in accordance with the project contract, payment applications were submitted on time, financial settlements were reliable, the archiving of documents is carried out in accordance with the guidelines, as well as information and promotion activities. The audit verified also the partnership obligations of Norwegian partners. In the course of the audit no irregularities were found and no recommendations were issued.

The audit of Pre-defined Project PDP 1 (PL-HEALTH-0001) **entitled** Tackling social inequalities in health with the use of e-health and telemedicine solutions took place on December 10-13, 2021, and its scope included:

- Verification of the compliance of the project implementation
- Financial settlements;
- Personnel costs,
- Fulfillment of the partnership obligations;
- Information and promotion;
- Project's documents storage.

There are no shortcomings in the course of the audit. The project is implemented correctly in accordance with the project contract and partnership agreement. The archiving of documents is carried out in accordance with the guidelines, as well as information and promotion activities. The financial settlements and personnel costs are well documented and reasonable. In the course of the audit no irregularities were found and no recommendations were issued.

In 2022 the PO plans to audit again pre-defined projects which should be inspected at least once a year. Projects implemented under the open call will not be inspected in 2022 due to early stage of their implementation.

In accordance with Article 1.6(a) of the Regulation it has to be underlined that in 2021 a risk-based monitoring took place. There were cyclical meetings organized between the PO and NFP in order to discuss and mitigate the risks that could appear due to the pandemic. Also, the review of all activities in the Programme was being done during each video-conference with DPP. Also, the PO in order to mitigate the risks in both pre-defined projects continued in 2021 special monitoring based on monthly tables filled in and delivered by Project Promoters, in which data such as problems, risks, changes, cooperation with partners, implementation steps and future plans were described. Apart of this the PO have organized online meetings with both PPs to discuss projects' progress and possible risks during the implementation period. The risks are mostly connected to COVID - 19 pandemic which prevents face to face meetings, travelling and organization of events. There is also a risk of not using the generated savings, however the PO monitors both projects in order to transfer funds to other activities within the project. Another risk that both projects have pointed out is connected to public procurement,

lack of offers or delays in delivering the results. The abovementioned risks will be monitored on an ongoing basis by the PO during the verification of reporting documents, daily contacts with the Project Promoter's employees and on-site inspections planned for 2022. Both projects are obliged to send to the PO monthly monitoring table where they have to describe any new risks.

An additional monitoring was held also through verification of submitted payment application. The Project Promoters (PDPs) reported on an ongoing basis the steps of the actions and the progress and each of them delivered in 2021 to the PO two payment applications (financial reports according to the reporting periods).

Projects supervisors from the PO's side were also conducting monitoring based on telephone calls and e-mail exchange. All the above-mentioned activities will be continued in 2022 in order to mitigate problems which might appear during implementation process.

It has to be underlined that the Audit Authority also inspected the Programme Operator in 2021. The AA inspected the expenditure of the PO, management costs and the management system. Apart of that the AA carried out another audit in PDP1 regarding project implementation and expenditure. In both audits there were no negative results and no ineligible expenditure were found. The management system of the PO complies with the requirements and program documents, as well as PDP1 is implemented accordingly.

2. Evaluations carried out

In 2021 no evaluations were carried out for implemented activities due to the fact that there were no calls for proposals under the Norwegian Financial Mechanism and the Fund for Bilateral Relation. According to Article 10.1 of the Regulation the PO will evaluate the Programme one time during the implementation period but on later stage of implementation process of the Programme.

3. Lessons learned from monitoring, evaluation and implementation

It should be noted that the dynamic epidemiological situation influenced the implementation of the Programme. The COVID pandemic and public procurement procedure delayed the developing 6 telemedical models in the pre-defined projects no 1. The model in palliative care area was not developed due to lack of response from potential contractors in three conducted public procurements. The Project Promoter together with its Partner is looking for alternative solutions. The PP started consultations with National Palliative Care Expert in order to assess possible activities in the area of palliative care with the use of telemedicine solutions. The proposal for alternative solutions will be presented to the PO.

The PO paid permanent care to milestones and monitored any risk which could influence the implementation of the Programme.

The online meetings were held more often and became more advanced. Due to that it was possible to implement complex activities in PDPs, including cooperation with Norwegian partners. Because of the cooperation was moved to on-line form, there was no possibility to organize study tours, visits, meetings in person the both projects generated savings. The

proposal of managing savings will be presented to the PO at the beginning of 2022 for consideration.

The PO monitored the progress of the projects on ongoing basis, through weekly reports on the progress of the activities and through telephone calls, e-mails and giving their support in solving occurring problems.

Another good practice from implementation that the PO can describe is organizing events like the opening conference in a hybrid form. During this event only panellists were in the studio and the guests took part in the event using the remote tools. The participants, panellist, representatives from Norway assessed this way of organization events as the best solution in time when traveling, big meetings are restricted.

The review of all activities in the Programme was continued by video-conference with DPP.

D. ANNEXES

- 1. Updated achievements in the results framework**
- 2. Communication summary**
- 3. Overview of contracted projects**
- 4. Risk management**
- 5. Monitoring plan**
- 6. Evaluation report**
- 7. Agreement conditions**

Annex 1: Updated achievements in the results framework

Objective: Improved prevention and reduced inequalities in health								
Outcome 1: Reduced social inequalities in health								
Indicator	Unit of measurement	Baseline	Achievements until end of previous reporting period	Achievements until end of December 2021			Target	Comment
				Numerator	Denominator	Value		
Number of beneficiaries of services provided or improved (using telemedicine diagnosis/ treatment)	Cumulative number	0	0 (IFR 2021)	-	-	-	20,000	-
<i>Gender</i>								
<i>Female</i>	-	-	-	-	-	-	-	-
<i>Male</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
Number of medical staff with improved telemedicine and e-health skills as a result of training	Cumulative number	0	-	-	-	-	750	-
Number of children with improved habits (dietary, sports activities)	Cumulative number	0	-	-	-	-	84,000	-
Number of children who declare reduced tobacco consumption	Cumulative number	0	-	-	-	-	2,500	-
Number of people declaring satisfaction with services received from new e-health methods	Cumulative number	0	-	-	-	-	10,000	-
Number of telemedicine and e-health models submitted to the Agency for Health Technology Assessment and Tariff System (AOTMiT) for funding verification.	Cumulative number	0	-	-	-	-	3	-
Output 1.1: Access to healthcare services improved (telemedicine and e-health)								
Indicator	Unit of measurement	Baseline	Achievements until end of previous	Achievements until end of December 2021			Target	Comment
				Numerator	Denominator	Value		

			reporting period					
Number of telemedicine and e-health models developed	Cumulative number	0	5 (IFR 2021)	-	-	6	7	The model in palliative care area was not developed due to lack of response from potential contractors in three conducted public procurements. The Project Promoter together with its Partner is looking for alternative solutions.
Number of healthcare services provided with the use of modern equipment purchased	Cumulative number	0	0 (IFR 2021)	-	-	-	20,000	-
Number of dissemination workshops organised on telemedicine and e-health pilots	Cumulative number	0	0 (IFR 2021)	-	-	-	3	-
Number of awareness campaigns carried out	Cumulative number	0	0 (IFR 2021)	-	-	-	1	-
Number of people reached by awareness raising campaign	Cumulative number	0	0 (IFR 2021)	-	-	-	1,000,000	-
Output 1.2: Education on healthy lifestyle of children and youth provided								
Indicator	Unit of measurement	Baseline	Achievements until end of previous reporting period	Achievements until end of December 2021			Target	Comment
				Numerator	Denominator	Value		
Number of children and youth covered by educational activities	Cumulative number	0	0 (IFR 2021)	-	-	-	25,000	-
Number of professional staff trained	Cumulative number	0	0 (IFR 2021)	-	-	-	500	-
<i>Gender</i>								
<i>Female</i>	-	-	-	-	-	-	-	-
<i>Male</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-

Number of parents/caregivers/family members educated in healthy lifestyle of children and youth	Cumulative number	0	0 (IFR 2021)	-	-	-	25,000	-
Number of entities engaged in educational activities on healthy lifestyle	Cumulative number	0	0 (IFR 2021)	-	-	-	12	-
Number of awareness raising campaigns carried out (anti-smoking campaign)	Cumulative number	0	0 (IFR 2021)	-	-	-	1	-
Number of people reached by awareness raising campaign	Cumulative number	0	0 (IFR 2021)	-	-	-	1,000,000	-
Output 1.3: Children and youth's mental health supported								
Indicator	Unit of measurement	Baseline	Achievements until end of previous reporting period	Achievements until end of December 2021			Target	Comment
				Numerator	Denominator	Value		
Number of parents/caregivers/family members educated on mental health of children	Cumulative number	0	0 (IFR 2021)	-	-	-	500	-
Number of professional staff trained on mental health of children	Cumulative number	0	0 (IFR 2021)	-	-	-	100	-
<i>Gender</i>								
<i>Female</i>	-	-	-	-	-	-	-	-
<i>Male</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
Number of entities engaged in educational activities on mental health	Cumulative number	0	0 (IFR 2021)	-	-	-	10	-
Dedicated internet portal/webpage to mental health of children	Binary	No	No (IFR 2021)	-	-	-	Yes	-
Bilateral Outcome: Enhanced collaboration between beneficiary and donor state entities involved in the programme								
Indicator	Unit of measurement	Baseline	Achievements until end of previous reporting period	Achievements until end of December 2021			Target	Comment
				Numerator	Denominator	Value		

Level of trust between cooperating entities in Beneficiary States and Donor States	Scale 1-7	5.50, Survey to be carried out by the FMO	-	-	-	-	4.50, Target is ≥ 4.5 , and an increase on the baseline value	-
<i>State type</i>								
<i>Beneficiary State</i>	-	-	-	-	-	-	-	-
<i>Donor State</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
Level of satisfaction with the partnership	Scale 1-7	6, Survey to be carried out by the FMO	-	-	-	-	4.50, Target is ≥ 4.5 , and an increase on the baseline value	-
<i>State type</i>								
<i>Beneficiary State</i>	-	-	-	-	-	-	-	-
<i>Donor State</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
Share of cooperating individuals who apply the knowledge acquired from bilateral partnership	Percentage	N/A	-	-	-	-	50.00 %	-
<i>State type</i>								
<i>Beneficiary State</i>	-	-	-	-	-	-	-	-
<i>Donor State</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-
Output 1001.1: Bilateral cooperation in health sector improved								
Indicator	Unit of measurement	Baseline	Achievements until end of	Achievements until end of December 2021		Target	Comment	

			previous reporting period	Numerator	Denominator	Value		
Number of projects involving cooperation with a donor project partner	Cumulative number	0	0 (IFR 2021)	-	-	-	6	-
<i>Donor State</i>								
<i>Norway</i>	-	-	-	-	-	-	-	-
<i>Iceland</i>	-	-	-	-	-	-	-	-
<i>Liechtenstein</i>	-	-	-	-	-	-	-	-
<i>Not specified</i>	-	-	-	-	-	-	-	-

Annex 2: Communication summary

1. Best practice examples

The good practice example from implementation in 2021 is organizing events like the opening conference in a hybrid form. The event took place on 20 October 2021. The conference had a hybrid form which means only panellists were in the studio and the guests took part in the event using the remote tools. The purpose of the conference was to raise the awareness of the activities carried out within the "Health" Programme, including two predefined projects. The conference was also an opportunity to exchange experiences within Polish-Norwegian partnerships and discuss the solutions contributing to a decrease of the number of problems in public health and the social inequalities in health in Poland and in Norway. Furthermore, throughout the whole reporting period the Programme Operator conducted informational and promotional activities (e.g. the information service point, the website, social media) and actions for strengthening bilateral relations (e.g. intensification of online meetings).

2. Best bilateral cooperation examples

The good practice example in bilateral cooperation is organization by Project Promoter PDP2 regular international meetings in an on-line form with partners: Verdal Kommune and Norwegian Cancer Society every quarter of the year. To those meetings the PO and National Focal Point are invited as observers. Those meetings are example of good practices in implementation process and knowledge exchange but also because the observers can follow up to date the implementation of activities.

It has to be stressed that collaboration between both Project Promoters and Donors entities is very good, smooth and problem-free.

In reference to the Programme implementation process it has to be underlined that exchange of information between the PO and the DPP is run on a regular basis through on-line meetings, via e-mails, phone calls.

3. The programme in a nutshell

<p>What is the added value of this programme?</p>	<p>Good cooperation between Polish and Norwegian partners, exchange of knowledge and tools are the most added value of this Programme.</p>	
<p>Include up to two quotes about this programme. Please include the name, last name and title of the person.</p>	<p>Quote 1</p>	
	<p>"Development of telemedicine models in the pre-defined project by groups of Polish and Norwegian experts contributed to development of telemedicine in the Polish healthcare system, enhancing quality and accessibility of the services in the area of intervention and constituted significant value added for patients and widened scope of Polish-Norwegian research cooperation"</p>	
	<p>Author</p>	<p>Name Anna Romanczyk</p>

	Quote 2				
	"Main added value is cooperation between Polish and Norwegian partners especially when it comes to exchange of best practices and knowledge and tools that were already implemented in Norway. Those best practices were evaluated in Norway and they could be adopted in Poland with some cultural adjustment. There were also working groups between Poland and Norway concerning details of evaluation support from PDP2 in both countries in order to have the tool to compare project outcomes".				
	Author	<table border="1"> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td>Dariusz Juszczyński</td> <td>Manager of PDP2</td> </tr> </table>	Name	Title	Dariusz Juszczyński
Name	Title				
Dariusz Juszczyński	Manager of PDP2				

4. Visibility of the Grants and the Donors

The main promotional and communication activity done by the PO was opening conference on 20 October 2021. The conference had a hybrid form which means only panellists were in the studio and the guests took part in the event using the remote tools. The purpose of the conference was to raise the awareness of the activities carried out within the "Health" Programme, including two predefined projects. The conference was also an opportunity to exchange experiences within Polish-Norwegian partnerships and discuss the solutions contributing to a decrease of the number of problems in public health and the social inequalities in health in Poland and in Norway. The PO organized several meetings with Donor Programme Partners but also the PO participated in the online meetings organized by Norwegian PDP 2 partners.

Furthermore, throughout the whole reporting period the Programme Operator conducted informational and promotional activities (e.g. the information service point, the website, social media) and actions for strengthening bilateral relations (e.g. intensification of online meetings).

The PO also emphasizes the fact that the activities financed by the Norwegian funds were implemented in the posts on the profile @zdrowiejestnajwazniejsze, during meetings, training sessions and other similar events. From the perspective of the website www.zdrowie.gov.pl, information about the Programme is easily available and all news is also translated into English. Appropriate logos are also marked on promotional materials, letterhead, etc.

5. Media coverage

No media coverage examples.

6. Website and social media

6.a. Links to the programme website and social media accounts

Link to programme website			
http://www.zdrowie.gov.pl			
Total number of page views in the reporting year	Change, compared to last year (in absolute numbers)	Total number of unique visitors in the reporting year	Change, compared to last year (in absolute numbers)
4250	1353	8892	4345

	Facebook	Instagram
Specific link or handle for the account	https://www.facebook.com/people/ZdroW...	https://www.instagram.com/zdrowiejes t...
Posts published in the reporting year	15	15
Total likes in the reporting year	83	109
Total comments in the reporting year	56	0
Total shares/Re-tweets etc. in the reporting year	138	0
Followers gained since programme launch	3700	2126

6.b. Results of website and social media activities

The PO regularly posts information about the Programme on the webpage dedicated to the Programme in Polish and English language versions. The most important online channels dedicated to the Norwegian Funds are:

2. website: www.zdrowie.gov.pl
3. Facebook account: <https://www.facebook.com/people/Zdrowie-jest-najw%C5%BCniejsze/100064657003405/>
4. Instagram account: <https://www.instagram.com/zdrowiejestnajwazniejsze/>

The PO enriched the website and profiles in social media channels with photos and graphics related to the content information that is appear there. There is also a subpage about Norwegian Funds in English: http://zdrowie.gov.pl/strona-998-english_version.html

The PO created for the purpose of the opening coference the additional website in both languages : <https://konferencjaprogramzdrowie.pl/en/>

The PO prepared and uploaded a short movie with the summary of the conference that took place on 20th of October 2021 under this link:
<https://www.youtube.com/watch?v=bjKDUNj2le0&t=10s>

7. Visuals

It has to be underlined, that the pilot projects for telemedicine models will start their implementation in 2022 and therefore the PO doesn't have materials to upload into Media Library. However, the PO informs that all materials concerning the Programme (both in paper and electronic form which are presented on the websites) contain graphic signs promoting the EEA and the Norway Grants for the years 2014-2021. The same applies to Project Promoters who are obliged to use all graphic signs on developed materials.

Annex 3: Overview of contracted projects

Outcome	Projects	#	# of donor project partners	Amount contracted	% of outcome budget contracted
Outcome 1: Reduced social inequalities in health	Pre-defined	2	3	€ 10,800,000	50.04 %
	Contracted through open calls	0	0	€ 0	0.00 %
	Contracted through small grants scheme	0	0	€ 0	0.00 %
	Total Outcome 1	2	3	€ 10,800,000	50.04 %
Programme	Total	2	3	€ 10,800,000	50.04 %

Annex 4: Risk management

Programmatic risks						
Risk description	Risk related to	Likelihood	Consequence	Risk score	Response type	Validity
The lack of social awareness on remote solutions to be tested under the open-call Reducing social and economic disparities	Reducing social and economic disparities	3	2	2.45	Mitigate	
	Description of planned response	The Project Promoter and PO will inform the society about available remote solution through organizing the opening conference and uploading information on internet profiles.				
	Description of actual response	The Project Promoter and PO organized in October 2021 the opening conference and uploaded information on internet profiles for the purpose of raising social awareness.				
	Planned future response	The Project Promoter and PO will continue informing the society about available remote solution trough training, meeting and social media.				
Lack of adequate and qualified external staff (experts) to elaborate the models in the predefined project on telemedicine.	Reducing social and economic disparities	4	4	4.00	Transfer/Share	
	Description of planned response	If the problem arise, the Project Promoter and Norwegian Partner will look for new external staff to complete the task.				
	Description of actual response	The model in palliative care area (one of 7) was not developed due to lack of response from potential contractors in three conducted public procurements. The Project Promoter (PP) together with its Partner started to look for alternative solutions. The PP started consultations with National Palliative Care Expert in order to assess possible activities in the area of palliative care with the use of telemedicine solutions.				
	Planned future response	The Project Promoter and Norwegian Partner will look for possible activities in the area of palliative care with the use of telemedicine solutions. The proposal for alternative solutions will be presented to the PO.				

Correlation/interdependence between the predefined and open-call parts of the programme.	Reducing social and economic disparities	3	3	3.00	Mitigate	
	Description of planned response	During the realization of the programme the Programme Operator will conduct a systematic monitoring of the projects based on risk analysis, including the risk of potential delays. In this case, on-the-spot verification should be conducted.				
	Description of actual response	The PO conducted a systematic monitoring of the projects based on risk analysis, including the risk of potential delays. The PO received 6 of 7 models and adapted open call documents to announced the call in November 2021				
	Planned future response	The PO plans the ongoing supervision, monitoring the status of results. The PO will contact PPs to know delays and problems in the project, in urgent cases the DPP and observers will be involved to solve the problems.				
Delays occurring in pre-defined projects and in Programme Implementation caused by COVID-19 pandemic.	Reducing social and economic disparities	3	3	3.00	Mitigate	
	Description of planned response	During the pandemic situation the PO will introduce new tools (i.e. monitoring Excel table, online meetings with Project Promoters and Project Partners) for more intense monitoring of risks connected to any delays in the projects.				
	Description of actual response	The PO monitored the progress of the projects on ongoing basis, through weekly reports on the progress of the activities and through telephone calls, e-mails and giving their support in solving occurring problems.				
	Planned future response	Continuation of actions described above: monitoring Excel table, online meetings with Project Promoters and Project Partners) for more intense monitoring of risks connected to any delays in the projects.				
Operational risks						
Risk description	Risk related to	Likelihood	Consequence	Risk score	Response type	Validity

Tendering procedures conducted by the PO	Reducing social and economic disparities	4	2	2.83	Mitigate	
	Description of planned response	All actions connected to public procurement will be done in cooperation with qualified procurement units in the MoH. In case of any problems special trainings and self-improvement will be introduced.				
	Description of actual response	In 2021 the risk did not occur. However the PO developed public procurement documents for external experts to assess open call applications. In order to reduce the risk, the PO applied provisions in the public procurement which will allow for the evaluation of more applications without the need to repeat the public procurement for an additional number of applications (when more applications are received than planned). The PO also prepared contract templates to sign them with experts as soon as possible.				
	Planned future response	Continuation of actions described above: all actions connected to public procurement will be done in cooperation with qualified procurement units in the MoH. In case of any problems special trainings and self-improvement will be introduced. If needed, the PO will use the procurement guidelines to evaluate more applications (option right).				
Delays in the assessment of project proposals.	Reducing social and economic disparities	3	3	3.00	Mitigate	
	Description of planned response	If needed, actions will be implemented in 2021. The PO will try to avoid these difficulties.				
	Description of actual response	In 2021 the risk did not occur. In November 2021 the open call was announced.				
	Planned future response	Continuation of actions described above: the applications will be assessed in 2022 by the PO and by external experts selected in public procurement procedure. The PO will intensify monitoring of risks connected to any delays in the assessment process.				

Small interest in open call – both at polish side and potential Donor project partners	Reducing social and economic disparities	3	3	3.00	Mitigate	
	Description of planned response	In 2021 the PO plans to organize the opening conference in which the information on open call will be presented. This information is going to be announced in all MoH internet profiles.				
	Description of actual response	The PO successfully organized the opening conference in which the information on open call were presented. This information were published in all MoH internet profiles.				
	Planned future response	The PO created contact point dedicated to questions. In 2022 the PO will train potential applicants and distribute training materials in all MoH internet profiles. If there is a problem with finding Donor partners the PO will ask the DPP for support. In case of savings that might appear during project implementation the PO will announce the second open call to avoid non-expenditure of expences or will move the savings into other activities. The decision will be made together with the DPP and NFP.				
Problems with tendering procedures at projects level	Reducing social and economic disparities	3	3	3.00	Mitigate	
	Description of planned response	All actions connected to public procurement will be done in cooperation with qualified procurement units in the MoH. In case of any problems special trainings and self-improvement will be introduced.				
	Description of actual response	In 2021 the Projects Promoters announced public procurements on time, however due to lack of response from potential contractors and no offers the public procurements had to be announced four times.				
	Planned future response	All actions connected to public procurement will be done in cooperation with qualified procurement units in the MoH. In case of any problems special trainings and self-improvement will be introduced. In case of delays in public procurements the Project Promoters will be asked to shorten the duration of the task in order to complete the project on time.				

DPP inadequate capacity	Strengthening bilateral relations	1	2	1.41	Mitigate	
	Description of planned response	Arrangements through the Cooperation Committee made on a timely manner, in advance to ensure the coordination of activities at DPP side between beneficiary countries				
	Description of actual response	In accordance to the decision on acceptance of open call documents arrangements through the Cooperation Committee were made on a timely manner.				
	Planned future response	Arrangements through the Cooperation Committee made on a timely manner, in advance to ensure the coordination of activities at DPP side between beneficiary countries				
PO's employee turnover	Reducing social and economic disparities	1	2	1.41	Mitigate	
	Description of planned response	If the risk arises the PO will appoint/hire new employees.				
	Description of actual response	In 2021 the risk did not occur.				
	Planned future response	If the risk arises the PO will appoint/hire new employees.				
Problems connected to events/meetings organization during COVID-19 pandemic	Both objectives	3	2	2.45	Mitigate	
	Description of planned response	If the restrictions continue the PO will organize the opening conference in an on-line form to secure the health of all participants. Market research will be carried out in terms of contractor and price.				
	Description of actual response	Due to continuation of restrictions the PO organized in October 2021 the opening conference in a hybrid form in accordance with requirements of public procurement. The cooperation of implementation of the Programme was moved to on-line forms.				

	Planned future response	If the restrictions continue the PO will maintain organizing events/meetings in on-line platform.			
Overall risk of the programme					
		Likelihood	Consequence	Risk score	
OVERALL RISK OF THE PROGRAMME		1	2	1.41	

Annex 5: Monitoring plan

Project ID	Project Name	Planned timing (Q1, Q2, Q3 or Q4)	Type of monitoring (results, risk, compliance) can be multiple	Monitoring modality (site visit, phone/online meeting, review project report, etc)	Monitoring reason/topic (check procurement, observe quality of activities, check reporting system, follow up specific risk, etc.)	Contact details
Pre-defined Project PDP 1 (PL-HEALTH-0001)	Tackling social inequalities in health with the use of e-health and telemedicine solutions	Q3/Q4	Results, risk and compliance monitoring	On-site inspection – depending on the disease situation. It will be possible to adjust the method of monitoring to the situation, e.g. document inspection	Verification of the compliance of the project implementation eg: <ul style="list-style-type: none"> – Financial settlements – Personnel costs – Fulfillment of the partnership obligations (if applicable) – Information and promotion – Project's documents storage 	Supervision and Control Department, Ministry of Health, Administrative office: dep-dn@mz.gov.pl Ernest Bober: e.bober@mz.gov.pl , Michał Matyszczak: m.matyszczak@mz.gov.pl Marcin Marciński: m.marcinski@mz.gov.pl

<p>Pre-defined Project PDP 2 (PL-HEALTH-0002)</p>	<p>Healthy lifestyle of children and youth</p>	<p>Q3/Q4</p>	<p>Results, risk and compliance monitoring</p>	<p>On-site inspection – depending on the disease situation. It will be possible to adjust the method of monitoring to the situation, e.g. document inspection</p>	<p>Verification of the compliance of the project implementation eg: – Financial settlements; – Personnel costs, – Fulfillment of the partnership obligations (if applicable); – Information and promotion; Project's documents storage</p>	<p>Supervision and Control Department, Ministry of Health, Administrative office: dep-dn@mz.gov.pl Ernest Bober: e.bober@mz.gov.pl , Michał Matyszczyk: m.matyszczyk@mz.gov.pl Marcin Marciński: m.marcinski@mz.gov.pl</p>
<p>Bilateral Initiative: PL-HEALTH-BI001</p>	<p>Bilateral initiatives under Fund for Bilateral Relations at the Programme level</p>	<p>Q2</p>	<p>Results, risk and compliance monitoring</p>	<p>On-site inspection – depending on the disease situation. It will be possible to adjust the method of monitoring to the situation, e.g. document inspection</p>	<p>Verification of the compliance of the project implementation eg: – Financial settlements – Personnel costs – Fulfillment of the partnership obligations (if applicable) – Information and promotion Project's documents storage</p>	<p>Supervision and Control Department, Ministry of Health, Administrative office: dep-dn@mz.gov.pl Ernest Bober: e.bober@mz.gov.pl , Michał Matyszczyk: m.matyszczyk@mz.gov.pl Marcin Marciński: m.marcinski@mz.gov.pl</p>

Annex 6: Evaluation report

In the reporting period the PO did not carry out any evaluation.

Annex 7: Agreement conditions

General	
Condition	Fulfilled status
1. No more than 50% of the total eligible expenditure of the Programme shall be available for infrastructure (hard measures).	<p>Is condition fulfilled? - Yes Comment</p> <p>The condition is to be taken in consideration in the open call part of the programme (the equipment expenditures will not exceed the 37% of projects budget). The predefined projects do not envisage infrastructure expenditures.</p>
2. The National Focal Point shall ensure that at least 10% of the total Programme allocation shall address children's health.	<p>Is condition fulfilled? - Yes Comment</p> <p>This will be achieved by dedicating a pre-defined project to children and youth, with at least 20% of the total Programme budget secured for this activity. Actions in the above-described areas would respond to the areas of support <i>Health systems development, including information and surveillance systems, Universal access to health care and Reduction of social inequalities in health and the burden of diseases</i>, as described in the Blue Book 2014-2021.</p>
3. The National Focal Point shall ensure that at least 10% of the total Programme allocation shall address improved access to health for vulnerable groups/people and deprived areas.	<p>Is condition fulfilled? - Yes Comment</p> <p>This is to be implemented by developing telemedicine and e-health solutions, prophylactic actions at regional level, social campaigns and activities addressed to all Poles. The required level of minimum 10% will be secured in the activities conducted under the pre-defined project on telemedicine and in the open call.</p>
4. The National Focal Point shall ensure that the programme includes measures that address community based care for mental health.	<p>Is condition fulfilled? - Yes Comment</p>

	<p>This is to be implemented by developing telemedicine and e-health solutions for mental health within one model developed in PDP1. The project aims to improve the situation of Poles and enable them to have better access to medical care. Telemedicine will foster the development of mental health care which will overcome the problem of medical personnel shortages. In case of PDP2 it is to be implemented in one of the key elements of the project: the module of Mental Health. The activities will consist of conducting training for school employees parents and guardians about mental health problems of young people. Information materials on seeking help for children and adolescents with disorders will be developed and it is planned to provide an Internet portal on mental health with e-learning courses which will help with the problem of personnel shortages.</p>
<p>6. For predefined project no. 2 under Section 5.1 of Annex II to the Programme Agreement, the Programme Operator's responsibilities regarding the verification of payment claims described in Article 5.6.1 e) of the Regulation and the Programme Operator's monitoring and control functions described in Article 5.6.1 g) of the Regulation shall be carried out by an entity independent of and unrelated to the Programme Operator.</p>	<p>Is condition fulfilled? - Yes Comment</p> <p>In accordance with Article 5.6.1 letter l of the Regulation, the Program Operator provides functional separation between units responsible for certifying financial reports and other units involved in the process of programme implementation, Monitoring and Assessment Unit 2 is responsible for implementation of The pre-defined project 2 <i>Healthy lifestyle of children and youth</i>.</p> <p>The PO has ensured independence and functional separation of this unit by having an independent Deputy Director which has different tasks and scope of responsibilities as the Deputy Director of the Monitoring and Assessment Unit 1 which acts as PO. The appraisal and verification of payments will also be conducted by Administration Office – an entity independent from and unrelated to the Programme Operator. The project controls and public procurement controls, also monitoring tasks are area of responsibility of Department of Supervision and Control, which is also independent from the Programme Operator.</p>
<p>7. No more than 37% of the total eligible project cost in the projects selected under the open call shall be available for equipment.</p>	<p>Is condition fulfilled? - Yes Comment</p>

	<p>The condition is to be taken in consideration in the open call part of the programme (the equipment expenditures will not exceed the 37% of projects budget). The predefined projects do not envisage infrastructure expenditures.</p>
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